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OFFICE OF PUBLIC INSTRUCTION

PO BOX 202501  
HELENA MT 59620-2501  
www.opi.mt.gov  
(406) 444-3095  
(888) 231-9393  
(406) 444-0169 (TTY)

Linda McCulloch  
Superintendent

March 1, 2007

The Montana Office of Public Instruction (OPI) is pleased to announce the opportunity for schools/districts and organizations to apply for a 21<sup>st</sup> Century Afterschool Program grant. The 21<sup>st</sup> Century Community Learning Centers (CCLC) are the result of the No Child Left Behind legislation passed by the U. S. Congress. The funding for this new grant cycle is contingent upon the availability of federal funds.

Eligibility for a 21<sup>st</sup> CCLC grant is determined when **40 percent of the students from an applicant school or a partnering school receive free or reduced lunch.** The application process will be competitive and will be completed online using the Office of Public Instruction's new e-grant system. The OPI anticipates this system will be available in April 2007.

Organizations that do not have a Legal Entity (LE) number will need to submit an Intent to Apply form in order to receive a login to complete the e-grant application. The Intent to Apply form may be downloaded on this Web site. <http://www.opi.mt.gov/21Cent/index.html>. The form will need to be mailed to: Sandi Smith, 21<sup>st</sup> CCLC Representative, Office of Public Instruction, PO Box 202501, Helena, MT 59620-2501 or it may be faxed to (406) 444-2955.

**Intent to Apply must be postmarked or faxed by April 2, 2007.**

Prior to filling out the online application, applicants are strongly encouraged to pull together data and program plans in preparation for the on-line competition. Below are eight points to consider in your pre-planning process.

1. A brief summary of how this project applies in terms of your school planning process,
2. The activities, in general terms, that you plan to implement in the establishment of a community learning center,
3. The extent to which you have evaluated the needs of your students and community,
4. The resources you have identified within your community,
5. The partnerships you have initiated or will initiate,
6. Your overall level of preparedness to implement the project,

"It is the mission of the Office of Public Instruction to improve teaching and learning through communication, collaboration, *"It is the mission of the Office of Public Instruction to improve teaching and learning through communication, collaboration, advocacy, and accountability to those we serve."*

7. Well-defined goals that employ strategies and action steps, and
8. A sustainability plan that should be in place at the end of the grant period.

My office will be available to provide any assistance necessary and I wish you well in this competitive process.

Sincerely,  
Sandi Smith  
Education Program Representative  
21<sup>st</sup> Century Community Learning Centers  
(406) 444-3519  
sandismith@mt.gov



Linda McCulloch, Superintendent  
Montana Office of Public Instruction  
PO Box 202501  
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ESEA Title IV, Part B  
21<sup>st</sup> Century Community  
Learning Centers 2007-08

**INTENT TO APPLY**

This form announces intent to apply for a 21<sup>st</sup> Century Community Learning Center grant.

Organization Name	Telephone
Mailing Address	City, State, ZIP Code
Contact Person Name & Title	
E-mail Address	FAX Number
Authorized Signature	Current Date

Please list the name of Schools/School Districts that are partnering with this organization.

School/District #1	Telephone
Mailing Address	City, State, ZIP Code
School Contact	

School/District #2	Telephone
Mailing Address	City, State, ZIP Code
School Contact	

Fiscal agent should this grant be funded:

Attach additional schools to this document.

Partner schools/districts must complete the **Commitment to Partner** and attach it to the **Intent to Apply**.

Complete the **Taxpayer Disclosure Statement** and attach it to the **Intent to Apply**.

**Intent to Apply Deadline:** Postmarked no later than April 2, 2007.



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**Commitment to Partner**

This form announces the commitment of the named school district to partner with the following organization

Organization Name

in order to apply for a 21<sup>st</sup> Century Community Learning Center grant.

School District

Telephone

Mailing Address

City, State, ZIP Code

Superintendent

E-mail Address

Legal Entity Number

FAX Number

Authorized Signature

Current Date

School District Authorized Representatives—The Board of Trustees has the authority to act on behalf of the school district. The OPI assumes the Board of Trustees delegates their authority to the district superintendent, who will act as authorized representative of the school district receiving federal and/or state grants. If the school district, because of its size, does not have a district superintendent, the principal will be presumed to be the authorized representative. If a district has neither a superintendent nor a principal, the county superintendent will assume the role of authorized representative. Although this assignment of duties will be assumed by the OPI, the trustees may instead retain the Chairman of the Board in the role of authorized representative for the board. The trustees should send written notice to the OPI if they choose to retain the Chairman as authorized representative.

OPI Use Only

Date Received:

Assigned IRN #

Approval:



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## Taxpayer Disclosure Statement

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Taxpayer Identification Number (TIN)  
\_\_\_\_\_

Section 7 of Public Law 93-579, enacted by the United States Congress requires that you be advised of the following in connection with our request for your Taxpayer Identification Number (TIN):

Disclosure of your taxpayer identification number is mandatory under Section 6109 of the Internal Revenue Code which requires that you provide your correct TIN to an entity (OPI) who must file information returns with the IRS to report income paid to you. Your identification number will be used for the sole purpose of facilitating payment to you and reporting such payment under Montana Department of Revenue and Internal Revenue Code reporting requirements. This form will be shredded upon completion of payment.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_